

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
PO Box 295  
Trenton, New Jersey 08625-0295

## RESOLUTION

A RESOLUTION to recognize same-sex "domestic partners" as eligible dependents for pension purposes only under the Domestic Partnership Act, Chapter 246, P.L. 2003.

BE IT RESOLVED:

1. That the \_\_\_\_\_ hereby  

Name of Employer

authorizes participation under the provisions of the Domestic Partnership Act, Chapter 246, P.L. 2003, and agrees to recognize the same-sex domestic partners of employees, as defined by the Act, as eligible for the same dependent benefits as are provided to spouses under the State-administered pension funds.
2. That by agreeing to provide eligibility to same-sex domestic partners, we understand that such eligibility shall apply to same-sex domestic partners of all employees and retirees enrolled in **any and all** of the State-administered pension funds through this employer.  
*Please indicate all that apply:*

<input type="checkbox"/> Public Employees' Retirement System	Location # _____
<input type="checkbox"/> Teachers' Pension and Annuity Fund	Location # _____
<input type="checkbox"/> Police and Firemen's Retirement System	Location # _____
3. That domestic partnerships must meet the requirements of the Domestic Partnership Act and a *Certificate of Domestic Partnership*, obtained from the State of New Jersey through application to the employee's Local Registrar, must be made available upon request of the employer and/or the Division of Pensions and Benefits.
4. That the effective date of this resolution, that is, the earliest date for which the same-sex domestic partners of employees of this employer will be eligible for benefits will be \_\_\_\_\_ or as soon thereafter as it may be  

Insert Date

effectuated pursuant to the statutes and regulations.
5. We hereby appoint and authorize \_\_\_\_\_  

Title or Individual Name

to approve all documents required to carry out the intent of this Resolution and to to execute the said documents on behalf of the employer.

***I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the***

Corporate Name of Employer	Street Address
on the _____ day of _____, 20____	City State ZIP Code
Signature	Area Code Telephone Number
Official Title	